

<b>Make Payment to :</b> <i>Treasurer, State of Wyoming</i>	
Ambulatory Surgical Center License Fees	
Per Facility	\$100
Change of Location, Name, OR # of Licensed Beds	\$50 per occurrence

Wyoming Department of Health  
Office of Healthcare Licensing and Surveys  
400 Qwest Bldg., 6101 Yellowstone Rd.  
Cheyenne WY 82002  
Ph: 307-777-7123 Fax: 307-777-7127  
Website: <http://wdh.state.wv.us/ohls>

OHLS USE ONLY:	
License #	
Fee Paid	
Check #	
Eng Approval	
App Approval	

**HEALTHCARE FACILITY  
LICENSE APPLICATION  
FOR AN  
AMBULATORY SURGICAL CENTER**

License Application Questions?  
E-mail: [tammv.schmitt@health.wyo.gov](mailto:tammv.schmitt@health.wyo.gov)

(Revised 10/13/08)

**APPLICATION CONTACT**

If we have questions or concerns regarding the information provided on this application, whom should we contact?

Contact Person's Name	
Phone Number	

**TYPE OF APPLICATION**

Check Only **ONE**:

Initial License (New Facility)	<input type="checkbox"/>		
Annual Renewal	<input type="checkbox"/>		
Change in Ownership	<input type="checkbox"/>	Proposed Effective Date:	
Bed Change	<input type="checkbox"/>	Proposed Effective Date:	
		Previous # of Licensed Beds	
			New # of License Beds Requested
Change in Facility Name	<input type="checkbox"/>	Proposed Effective Date:	
		Previous Name	
Change in Physical Location	<input type="checkbox"/>	Proposed Effective Date:	
		Previous Location	

**GENERAL INFORMATION**

Facility Name			
Mailing Address			
Physical Address			
County		Fiscal Year End Date	
Phone #		Fax #	
E-mail Address: (This will be the E-mail address used for receipt of official notices from this office.)			
# of Surgical Beds		# of 23 Hour Recovery Beds	
Medicare Provider #		Medicaid Provider #	
Accreditation	JCAHO <input type="checkbox"/>	AOA <input type="checkbox"/>	AAAHC <input type="checkbox"/>
		AAAASF <input type="checkbox"/>	Date of Last Accreditation Survey
Are you requesting deemed status?		Yes <input type="checkbox"/>	Submit a copy of the inspection report.
		No <input type="checkbox"/>	

**PERSONNEL INFORMATION**

Administrator			
Director of Nursing		WY Nursing Lic #	
Medical Director		WY Professional Lic #	
Maintenance Director		Phone Number	

## BUILDING INFORMATION

Main Building Name			
Location (Physical Address)			
List of Services at this Location			
Date these Services Began		Medicare/Medicaid Provider # these Services are Billed Under	
Do you have other ancillary locations the ambulatory surgical center is providing services at?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Complete the questions below for each ancillary location and attach additional sheets as needed.			
Ancillary Location (Physical Address)			
List of Services at this Ancillary Location			
Date these Services Began		Medicare/Medicaid Provider # these Services are Billed Under	
Additional Sheets Attached:	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
You must attach one current copy (preferably 8 1/2 X 11 size) of the facility floor plan (for each building) with facility name clearly identified.			

## OWNERSHIP INFORMATION

Individual Proprietorship	Complete the following or check if separate listing attached		Separate list	<input type="checkbox"/>
	Owner's Name			
	Address			
	Phone			
Corporation	Complete the following or check if separate listing attached		Separate list	<input type="checkbox"/>
	Corporation Name			
	Address			
	Phone			
Corporate Officers & Titles				
Partnership	Complete the following or check if separate listing attached		Separate list	<input type="checkbox"/>
	Partnership Name			
	Address			
	Phone			
Names of Partners				
Limited Liability Company	Complete the following or check if separate listing attached		Separate list	<input type="checkbox"/>
	LLC Name			
	Address			
	Phone			
Members Names & Titles				
Governmental	Check appropriately:			
	State	<input type="checkbox"/>	Hospital District	<input type="checkbox"/>
	County	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
	Complete the following or check if separate listing attached		Separate list	<input type="checkbox"/>
	Entity Name			
	Address			
Phone				
List of Officers, Board Members, Commissioners etc. by Name & Titles				
Other	Describe Ownership Arrangement/Type:			
	Complete the following or check if separate listing attached		Separate list	<input type="checkbox"/>
	Entity Name			
	Address			
	Phone			
List of Owners Names & Titles				
Is the facility managed or operated by someone other than the ownership listed above?				Yes <input type="checkbox"/>
				No <input type="checkbox"/>
If Yes,	Operating Entity Name			
	Address			
	Phone			
	Contact Name			
Has the owner/operator ever had a license to operate a healthcare facility or agency providing healthcare services in this or any other state denied, suspended revoked or otherwise terminated for cause?				Yes <input type="checkbox"/>
				No <input type="checkbox"/>
Does the facility have in place a documented quality management function to evaluate and improve patient/resident/client care and services?				Yes <input type="checkbox"/>
				No <input type="checkbox"/>
Did you read and understand the healthcare facility licensure requirements (W.S. 35-2-901 and 902 et seq) outlined in the attachment on page 4?				Yes <input type="checkbox"/>
				No <input type="checkbox"/>

**SIGNATURE SECTION**

Wyoming statutes requires signature by *two (2) officers* of the organization (or one signature for an individual proprietorship) – or a signature of all managing agents. If signed by managing agents, copies of company documents indicating the individuals signing are managing agents for the company must be attached.

I have read the contents of this application. My signature legally binds the facility’s agreement to abide by the rules promulgated by the State of Wyoming for this category of healthcare facility and do hereby state the information provided on this application is true to the best of my knowledge and belief.

The facility further understands the facility is responsible for admitting and retaining only those persons who qualify for this category of healthcare facility as defined in the applicable rules and facility policies and procedures. The facility agrees to allow authorized representatives of the Wyoming Department of Health, upon presentation of proper identification, to enter the facility at any time without a warrant and review any and all facility records and documentation as necessary to ascertain compliance with State licensing laws and rules promulgated by the Wyoming Department of Health.

**SIGNATURE #1**

<b>Signature:</b>			
<b>Printed/Typed Name:</b>			
<b>Title:</b>		<b>Date:</b>	

**SIGNATURE #2**

<b>Signature:</b>			
<b>Printed/Typed Name:</b>			
<b>Title:</b>		<b>Date:</b>	

**ATTACHMENT**  
**LICENSE STATUTE**

TITLE 35 / PUBLIC HEALTH AND SAFETY  
CHAPTER 2 / HOSPITALS, HEALTH CARE FACILITIES AND HEALTH SERVICES  
ARTICLE 9 / LICENSING AND OPERATIONS

35-2-901. Definitions; applicability of provisions.

(a) As used in this act:

- (i) "Acute care" means short term care provided in a hospital;
  - (ii) "Ambulatory surgical center" means a facility which provides surgical treatment to patients not requiring hospitalization and is not part of a hospital or offices of private physicians, dentists or podiatrists;
  - (iii) "Birthing center" means a facility which operates for the primary purpose of performing deliveries and is not part of a hospital;
  - (iv) "Boarding home" means a dwelling or rooming house operated by any person, firm or corporation engaged in the business of operating a home for the purpose of letting rooms for rent and providing meals and personal daily living care, but not habilitative or nursing care, for persons not related to the owner. Boarding home does not include a lodging facility or an apartment in which only room and board is provided;
  - (v) "Construction area" means a thirty (30) mile radius from the center of the closest community in Wyoming to a nursing care facility or hospital with swing beds as determined by utilizing the state map prepared by the Wyoming department of transportation;
  - (vi) "Department" means the department of health;
  - (vii) "Division" means the designated division within the department of health;
  - (viii) "Freestanding diagnostic testing center" means a mobile or permanent facility which provides diagnostic testing but not treatment and is not part of the private offices of health care professionals operating within the scope of their licenses;
  - (ix) Repealed By Laws 1999, ch. 119, § 2.
  - (x) "Health care facility" means any ambulatory surgical center, assisted living facility, adult day care facility, birthing center, boarding home, freestanding diagnostic testing center, home health agency, hospice, hospital, intermediate care facility for the mentally retarded, medical assistance facility, nursing care facility, rehabilitation facility and renal dialysis center;
  - (xi) "Home health agency" means an agency primarily engaged in arranging and directly providing nursing or other health care services to persons at their residence;
  - (xii) "Hospice" means a program of care for the terminally ill and their families given in a home or health facility which provides medical, palliative, psychological, spiritual and supportive care and treatment;
  - (xiii) "Hospital" means an institution or a unit in an institution providing one (1) or more of the following to patients by or under the supervision of an organized medical staff:
    - (A) Diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled or sick persons;
    - (B) Rehabilitation services for the rehabilitation of injured, disabled or sick persons;
    - (C) Acute care;
    - (D) Psychiatric care;
    - (E) Swing beds.
  - (xiv) "Intermediate care facility for the mentally retarded" means a facility which provides on a regular basis health related care and training to mentally retarded individuals or persons with related conditions, who do not require the degree of care and treatment of a hospital or nursing facility and services above the need of a boarding home;
  - (xv) "Medical assistance facility" means a facility which provides inpatient care to ill or injured persons prior to their transportation to a hospital or provides inpatient care to persons needing that care for a period of no longer than sixty (60) hours and is located more than thirty (30) miles from the nearest Wyoming hospital;
  - (xvi) "Nursing care facility" means a facility providing assisted living care, nursing care, rehabilitative and other related services;
  - (xvii) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine or surgery under state law;
  - (xviii) "Psychiatric care" means the in-patient care and treatment of persons with a mental diagnosis;
  - (xix) "Rehabilitation facility" means an outpatient facility which is operated for the primary purpose of assisting the rehabilitation of disabled persons by providing comprehensive medical evaluations and services, psychological and social services, or vocational evaluations and training or any combination of these services and in which the major portion of the services is furnished within the facility;
  - (xx) "Renal dialysis center" means a freestanding facility for treatment of kidney diseases;
  - (xxi) "Swing bed" means a special designation for a hospital which has a program to provide specialized in-patient long term care. Any medical-surgical bed in a hospital can be designated as a swing bed;
  - (xxii) "Assisted living facility" means a dwelling operated by any person, firm or corporation engaged in providing limited nursing care, personal care and boarding home care, but not habilitative care, for persons not related to the owner of the facility;
  - (xxiii) "Adult day care facility" means any facility not otherwise certified by the department of health, engaged in the business of providing activities of daily living support and supervision services programming based on a social model, to four (4) or more persons eighteen (18) years of age or older with physical or mental disabilities;
  - (xxiv) "This act" means W.S. 35-2-901 through 35-2-910.
- (b) This act does not apply to hospitals or any other facility or agency operated by the federal government which would otherwise be required to be licensed under this act or to any person providing health care services within the scope of his license in a private office.

35-2-902. License required.

No person shall establish any health care facility in this state without a valid license issued pursuant to this act.